

I hereby certify that this correspondence is being deposited with the U.S. Postal Service as Express Mail, Airbill No. EV 378818379 US, in an envelope addressed to: MS Missing Parts, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450, on the date shown below.

Dated: August 16, 2004

Signature: 

(Cynthia L. Kanik, Ph.D.)

Docket No.: CCI-029CN
(PATENT)

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re Patent Application of:
Shudong Wang *et al.*

Application No.: 10/810767

Filed: March 26, 2004

For: N-(4-(4-METHYLTHIAZOL-5-YL)PYRIMIDIN-2-YL)-N-PHENYLAMINES AS ANTIPROLIFERATIVE COMPOUNDS

Confirmation No.: 9076

Art Unit: 1614

Examiner: Not Yet Assigned

RESPONSE TO NOTICE TO FILE MISSING PARTS OF APPLICATION

MS Missing Parts
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

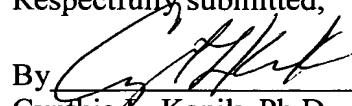
Dear Sir:

In response to the Notice to File Missing Parts of Application – Filing Date Granted mailed May 24, 2004, Applicant respectfully submits a Combined Declaration and Power of Attorney and Part 2 Copy of Notice.

Please charge our Deposit Account No. 12-0080 in the amount of \$65.00 covering the fee set forth in 37 CFR 1.16(e). The Director is hereby authorized to charge any deficiency in the fees filed, asserted to be filed or which should have been filed herewith (or with any paper hereafter filed in this application by this firm) to our Deposit Account No. 12-0080, under Order No. CCI-029CN. A duplicate copy of this paper is enclosed. Applicants request any extensions of time necessary to respond.

Dated: August 16, 2004

Respectfully submitted,

By 
Cynthia L. Kanik, Ph.D.
Registration No.: 37,320
LAHIVE & COCKFIELD, LLP
28 State Street
Boston, Massachusetts 02109
(617) 227-7400
(617) 742-4214 (Fax)
Attorney/Agent For Applicant



08-17-04
 UNITED STATES PATENT AND TRADEMARK OFFICE

UNITED STATES DEPARTMENT OF COMMERCE
 United States Patent and Trademark Office
 Address: COMMISSIONER FOR PATENTS
 P.O. Box 1450
 Alexandria, Virginia 22313-1450
 www.uspto.gov

LFW/H

APPLICATION NUMBER	FILING OR 371 (c) DATE	FIRST NAMED APPLICANT	ATTORNEY DOCKET NUMBER
10/810,767	03/26/2004	Shudong Wang	CCI-029CN

00959
 LAHIVE & COCKFIELD, LLP.
 28 STATE STREET
 BOSTON, MA 02109



CONFIRMATION NO. 9076
 FORMALITIES LETTER



OC000000012752696

Date Mailed: 05/24/2004

NOTICE TO FILE MISSING PARTS OF NONPROVISIONAL APPLICATION

FILED UNDER 37 CFR 1.53(b)

Filing Date Granted

Items Required To Avoid Abandonment:

An application number and filing date have been accorded to this application. The item(s) indicated below, however, are missing. Applicant is given **TWO MONTHS** from the date of this Notice within which to file all required items and pay any fees required below to avoid abandonment. Extensions of time may be obtained by filing a petition accompanied by the extension fee under the provisions of 37 CFR 1.136(a).

- The oath or declaration is missing.
A properly signed oath or declaration in compliance with 37 CFR 1.63, identifying the application by the above Application Number and Filing Date, is required.
- To avoid abandonment, a late filing fee or oath or declaration surcharge as set forth in 37 CFR 1.16(e) of \$65 for a small entity in compliance with 37 CFR 1.27, must be submitted with the missing items identified in this letter.

SUMMARY OF FEES DUE:

Total additional fee(s) required for this application is **\$65** for a Small Entity

- **\$65** Late oath or declaration Surcharge.

Replies should be mailed to: Mail Stop Missing Parts
 Commissioner for Patents
 P.O. Box 1450
 Alexandria VA 22313-1450

08/18/2004 BABRAHA1 00000078 120080 10810767

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*A copy of this notice **MUST** be returned with the reply.*

Mulvaneaset Weber

Customer Service Center

Initial Patent Examination Division (703) 308-1202

PART 2 - COPY TO BE RETURNED WITH RESPONSE



Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

FEE TRANSMITTAL for FY 2004

Effective 10/01/2003. Patent fees are subject to annual revision.

 Applicant claims small entity status. See 37 CFR 1.27

TOTAL AMOUNT OF PAYMENT	(\$) 120.00
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Complete if Known

Application Number	10/810767-Conf. #9076
Filing Date	March 26, 2004
First Named Inventor	Shudong WANG
Examiner Name	Not Yet Assigned
Art Unit	1614
Attorney Docket No.	CCI-029CN

METHOD OF PAYMENT (check all that apply)
 Check Credit Card Money Order Other None

 Deposit Account:

Deposit Account Number	12-0080
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Deposit Account Name	Lahive & Cockfield, LLP
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The Director is authorized to: (check all that apply)

<input checked="" type="checkbox"/> Charge fee(s) indicated below	<input checked="" type="checkbox"/> Credit any overpayments
<input checked="" type="checkbox"/> Charge any additional fee(s) or any underpayment of fee(s)	
<input type="checkbox"/> Charge fee(s) indicated below, except for the filing fee to the above-identified deposit account.	

FEE CALCULATION (continued)**3. ADDITIONAL FEES**

Large Entity	Small Entity	Fee Description	Fee Paid
Fee Code	Fee (\$)	Fee Code	Fee (\$)
1051	130	2051	65
1052	50	2052	25
1053	130	1053	130
1812	2,520	1812	2,520
1804	920*	1804	920*
1805	1,840*	1805	1,840*
1251	110	2251	55
1252	420	2252	210
1253	950	2253	475
1254	1,480	2254	740
1255	2,010	2255	1,005
1401	330	2401	165
1402	330	2402	165
1403	290	2403	145
1451	1,510	1451	1,510
1452	110	2452	55
1453	1,330	2453	665
1501	1,330	2501	665
1502	480	2502	240
1503	640	2503	320
1460	130	1460	130
1807	50	1807	50
1806	180	1806	180
8021	40	8021	40
1809	770	2809	385
1810	770	2810	385
1801	770	2801	385
1802	900	1802	900
Other fee (specify)			
*Reduced by Basic Filing Fee Paid		SUBTOTAL (3) (\$)	120.00

2. EXTRA CLAIM FEES FOR UTILITY AND REISSUE

Extra Claims	Fee from below	Fee Paid
Total Claims	<input type="text"/> -** = <input type="text"/> x <input type="text"/> = <input type="text"/>	
Independent Claims	<input type="text"/> -** = <input type="text"/> x <input type="text"/> = <input type="text"/>	
Multiple Dependent	<input type="text"/> = <input type="text"/>	

Large Entity	Small Entity	Fee Description
Fee Code	Fee (\$)	Fee Description
1202	18	2202 9 Claims in excess of 20
1201	86	2201 43 Independent claims in excess of 3
1203	290	2203 145 Multiple dependent claim, if not paid
1204	86	2204 43 ** Reissue independent claims over original patent
1205	18	2205 9 ** Reissue claims in excess of 20 and over original patent
SUBTOTAL (2) (\$)		0.00

**or number previously paid, if greater; For Reissues, see above

SUBMITTED BY		(Complete if applicable)	
Name (Print/Type)	Cynthia L. Kanik, Ph.D.	Registration No. (Attorney/Agent)	37,320
Signature		Telephone	(617) 227-7400
		Date	August 16, 2004

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